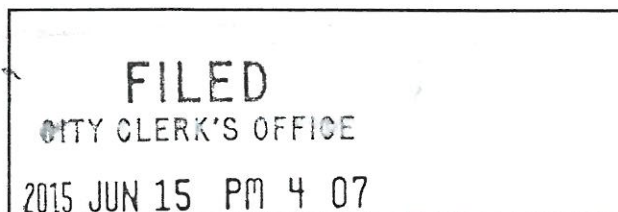


**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE**

CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> ST  
LINCOLN NE 68508  
PHONE: (402) 441-7438

8/29  
OD



DO YOU NEED POSTERS? **CITY OF LINCOLN** **YES** ☒ **NO** ☐  
NEBRASKA

RETAIL LICENSE HOLDER ☒

NON PROFIT APPLICANT ☐

Non Profit Status (check one that best applies):

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

**COMPLETE ALL QUESTIONS**

- Type of alcohol to be served and/or consumed: Beer ☒ Wine ☒ Distilled Spirits ☒
- Liquor license number and class (i.e. C55441, CK55441)  
(If you're a nonprofit organization leave blank) CK 013854
- Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license). If you are a nonprofit, name & address of the organization.

NAME:	Rhynodynamics, Inc.		
ADDRESS:	1412 O St.		
CITY:	Lincoln	ZIP:	68508

- Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	Parrish Building		
ADDRESS:	Same	CITY:	Same
ZIP:	Same	COUNTY & COUNTY #:	

- Is this location within the city/village limits? YES ☒ NO ☐
- Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES ☐ NO ☒
- Is this location within 300' of any university or college campus? YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date	Date	Date	Date	Date	Date
8/29/15					
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
To 1pm	To	To	To	To	To
To 2am					

a. Alternate date: \_\_\_\_\_

b. Alternate location: \_\_\_\_\_

(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance    ☐ Reception    ☐ Fund Raiser    ☐ Beer Garden    ☐ Sampling/Tasting

☒ Other: concert

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_  
(not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** 55 x 42

\***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

*See attached*

If outdoor area, how will premises be enclosed?

\_\_\_\_\_ fence    ☒ snow fence    \_\_\_\_\_ chain link    \_\_\_\_\_ cattle panel    \_\_\_\_\_ tent

other: \_\_\_\_\_

8. How many attendees do you expect at event? 250

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

trained and licensed staff (see attached)

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☒ NO ☐  
Non-Profit: Where will you be purchasing your alcohol?  
Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Both \_\_\_\_\_ BYO \_\_\_\_\_  
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒  
If so, describe activity: \_\_\_\_\_

**NOTE:** Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): \_\_\_\_\_

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Scott Harfield

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402 480 1769 During 402 480 1769

Email address: scottsalemharfield@gmail.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign  
here

[Signature]  
Authorized Representative/Applicant

President  
Title

6.10.15  
Date

Scott Harfield  
Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

**SUPPLEMENTAL FORM**  
**REQUIRED FOR ALL OUTDOOR EVENTS**  
(Including those for Non Profit Organizations)

Name of Event:	Boulevard Concert Series		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	8/29/15	Hours:	1pm - 2am
Alternate Date(s):		Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: \_\_\_\_\_

trained and licensed bar / security staff

Will food be served? ☐ Yes ☒ No If yes, please list food to be served: \_\_\_\_\_

Will non-alcoholic beverages be served: ☒ Yes ☐ No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

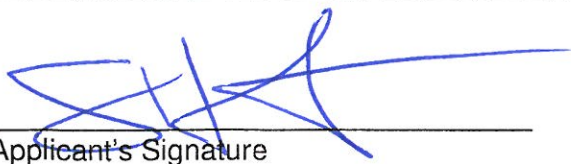
Water, juice, coffee, Soda

Who will serve the beverages containing alcohol? trained servers see attached  
**Must complete Server/Seller Applicant Information Sheet.**

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: \_\_\_\_\_

  
Applicant's Signature

6-10-15  
Date

## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

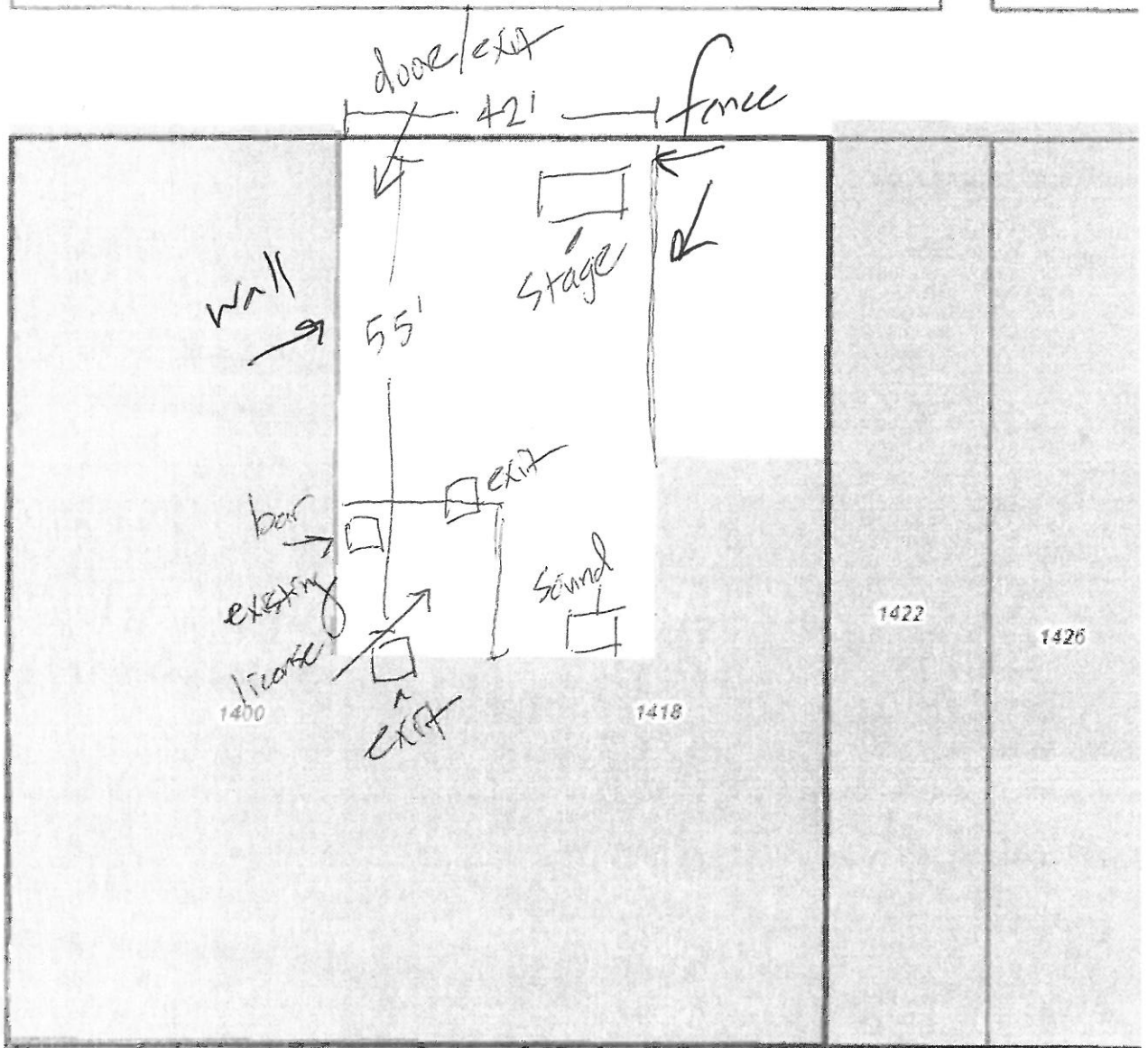
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (\_\_\_\_\_ ' x \_\_\_\_\_ ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (\_\_\_\_\_ x \_\_\_\_\_)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

*Lxc attached*

ATTACH EXTRA PAGES IF NECESSARY



## Lancaster County/City of Lincoln GIS Map



Printed: Jun 15, 2015

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email [ags@lincoln.ne.gov](mailto:ags@lincoln.ne.gov) and you will be directed to the appropriate department.

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.  
**This applies to nonprofit corporations as well.**

[illegible]

First	Middle	Last	Email	RBST	Certificate #	Expires	CITY	Permit #	Expires	Remove
Scott	Salem	Hatfield	scottsalemhatfield@gmail.com	✓	RB-0033120	2016-10-18	✓	LNKAM-0033121	2016-10-18	
tessa		peters	tess1281@yahoo.com	✓	RB-0000598	2016-01-02	✓	LNK-0010225	2016-01-02	
jeremy	wayne	wardlaw	jwardlaw@gmail.com	✓	RB-0000605	2016-01-02	✓	LNK-0010228	2016-01-02	
Holy		Blume	hollyblume@hotmail.com	✓	RB-0000617	2016-01-02	✓	LNK-0010237	2016-01-02	
Jordan	Blue	Elfers	jbelfers@gmail.com	✓	RB-0000684	2016-01-08	✓	LNK-0010275	2016-01-08	
anna		kuback	anna0913@gmail.com	✓	RB-0000606	2016-01-02	✓	LNK-0010226	2016-01-02	
Benjamin	Joseph	Salitros	bensalitros@hotmail.com	✓	RB-0000621	2016-01-03	✓	LNK-0010239	2016-01-03	
james	keylor	hasselbalch	jk.hasselbalch@gmail.com	✓	RB-0000844	2016-01-15	✓	LNK-0015983	2016-04-05	
timothy	perry	carr	timothyperrycarr@gmail.com	✓	RB-0004260	2016-03-13	✓	LNK-0012769	2016-03-13	
jack	gerard	higgins	higginsjack67@gmail.com	✓	RB-0035489	2017-08-11	✓	LNK-0035490	2017-08-11	
kevin	costello	matlern	kevinmatlern@gmail.com	✓	RB-0029061	2017-03-31	✓	LNK-0029062	2017-03-31	
ethan	daniel	emshoff	etemshoff@gmail.com	✓	RB-0017622	2016-04-30	✓	LNK-0017626	2016-04-30	
END RECORDS										